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DEBRA R. HACKETT, CLK
U.S. DISTRICT COURT
MONTGOMERY, ALA

U.S. Department of Justice
Federal Bureau of Prisons
Federal Correctional Complex
Post Office Box 7000
Forrest City, AR 72336
(870) 494-4200 OFFICE
(870) 494-4496 FAX

May 10, 2020

2:18-CR-0095-1

MEMORANDUM FOR MCCALL, MARTINEZA DEWAN, REG. NO. 11-521-002
FROM: DeWayne Hendrix, Complex Warden
SUBJECT: Denied for Reduction-In-Sentence/RIS

You requested a reduction in sentence (RIS) based on concerns about COVID-19. You were convicted of Controlled Substance Act-Sell, Distribute or Dispense (Cocaine Base). You have a prior conviction for Violation of License to Carry a Pistol. Your RIS request was evaluated and all factors outlined in Section 7 of the policy were used to evaluate your request. Your circumstances do not meet the criteria for consideration for a RIS under this category.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

The BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any affected inmates. We recognize that you, like all of us, have legitimate concerns and fears about the spread and effects of the virus. However, your concern about being potentially exposed to, or possibly contracting, COVID-19 does not currently warrant an early release from your sentence. Accordingly, your RIS request is denied at this time.

If you are not satisfied with this response to your request, you may commence an appeal of this decision via the administrative remedy process by submitting your concerns on the appropriate form (BP-9) within 20 days of the receipt of this response.

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: McCall, Martinez D
LAST NAME, FIRST, MIDDLE INITIAL

17521-002
REG. NO.

H-D
UNIT

Forrest City - Low
INSTITUTION

Part A- INMATE REQUEST For a appeal, For Compassionate Release/Reduction In Sentence. Do to the Pandemic of COVID-19. Infecting and killing thousands of people globally. The virus create an extraordinary and compelling circumstance. My prison sentence is subject to becoming a possible death sentence by way of COVID-19. Do to my weak immune system of "Sickle Cell Disease." The BOP and/or Forrest City can not assure the safety of my health or life. As this virus continues to infect and kill on a global scale. I have a home with my mother upon my release. I intend on finding a job if/for when this Pandemic end. My prior conviction for Violation of License to Carry a pistol is not a violent crime. Baptist South Hospital can provide me with better treatment if I get sick or infected do to the Pandemic of COVID-19. I amongst other are faced with substantial risk due to the tight space in crowded conditions. Social Distancing can not be accomplished. And staff workers who come in and out of the facility possibly bring the virus in. Would turn the jail and/or Prison into an epicenter.

05-13-2020

DATE

Martinez D. McCall

SIGNATURE OF REQUESTER

Part B- RESPONSE

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DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
FOILED MAIL SECTION
ATLANTA OFFICE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

CASE NUMBER:

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL _____
REG. NO. _____
UNIT _____
INSTITUTION _____
SUBJECT: _____

DATE
USP LVN



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(13)
APRIL 1982

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